

CHARD RURAL DISTRICT COUNCIL

ANNUAL REPORT

of

THE MEDICAL OFFICER OF HEALTH

For the year ended 31st December, 1961.

PUBLIC HEALTH OFFICERS

Medical Officer of Health

A. M. McCall

V.R.D., M.R.C.S., L.R.C.P., D.P.H.

Public Health Inspectors

E. Whisker, M.A.P.H.I.

C.V. Muggeridge, M.A.P.H.I.

T.A.J. Fowler, M.A.P.H.I.

Clerk to Medical Officer

Miss Y. Michael, B.A.

County Council's Health Visitor

Mrs. O.J.M. Pitt, S.R.N., S.C.M., H.V.

Committees concerned with matters of Public Health

- |     |               |                  |
|-----|---------------|------------------|
| (a) | Public Health | ..... 23 members |
| (b) | Housing       | ..... 17 members |
| (c) | Works         | ..... 17 members |



Health Department,  
16, Church Street,  
CREWKERNE,  
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CHARD RURAL DISTRICT

-- in the --

COUNTY OF SOMERSET

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

FOR THE YEAR ENDED 31st DECEMBER, 1961.

To the CHARD RURAL DISTRICT COUNCIL.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my Annual Report for 1961.

Apart from a few cases of measles, there was little notifiable disease.

The form of the report is similar to that of last year but I have taken the opportunity to put in a note on the various aspects of radiation.

The environmental health services have been satisfactory throughout the year and reference to Section D will show the considerable progress the Council are making in providing modern sewerage in our villages.

I wish to thank the Council and the Public Health Committee for the courtesy they have shown me during the year.

I am,

Mr. Chairman and Councillors,

Your Obedient Servant,

A. M. McCALL

Medical Officer of Health.



## SECTION A.

### STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

POPULATION: A census was held in April of this year and the Registrar General was therefore able to compile an accurate total of the population which was 12,290, nearly 200 less than the estimated population for the previous year. The population density is .22 persons per acre.

BIRTH RATE: The corrected Birth Rate for 1961 was 13.3 per thousand, as compared with the national figure for England and Wales of 17.4. There were two illegitimate births.

DEATH RATE: The corrected Death Rate for the year was 11.49 per thousand of population and approximates to the national figure of 12.

Once again coronary disease and other heart diseases were the greatest killers, accounting for 50 out of a total of 152. Vascular lesions of the nervous system and other circulatory diseases caused another 30 deaths. Cancer of all forms also accounted for 30 deaths: five of these were due to lung cancer. There were 16 deaths from pneumonia and bronchitis which is an increase on the previous year. Full details are shown in Appendix A, Table 3.

MATERNAL MORTALITY: I regret to have to report that there was one case of maternal death in 1961. This is the first maternal death in the district since 1952. Death was due to an acute virus infection and death occurred fifteen hours after a normal delivery in hospital.

STILLBIRTHS: There were three stillbirths in 1961.

INFANT MORTALITY: Two infants died, one due to prematurity and the second due to bronchopneumonia.

SOCIAL SERVICES: The social services remained unchanged in 1961.

## SECTION B.

### GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

The services provided by the local health authority remained unchanged in 1961.

CARE OF MOTHERS AND YOUNG CHILDREN: The antenatal and postnatal care of mothers and children continued at a high standard and attendances at the various clinics were satisfactory.

ANTENATAL CLINICS: Although no antenatal clinics are held in the Rural District expectant mothers living in villages near Crewkerne and Chard attend the clinics held there. At these clinics blood samples are taken and submitted to the laboratory for investigation. Reports on these are sent to the general practitioner concerned, the district midwife and to the mother herself. Both clinics encourage the mother to attend classes at which relaxation is taught, together with the mechanics of birth and rudimentary physiology. General practitioners carry out antenatal care within their own practice, some holding small clinics at which the district midwife also attends, others visit their patients independently.

DOMILICIARY MIDWIFERY: The district midwives attend all mothers in their homes and can always call on the private practitioner if their help is required.

HOSPITAL CONFINEMENT: All cases needing admission to hospital for various medical and social reasons are admitted to maternity units in Taunton or Yeovil and occasionally Templecombe and Wellington.

#### INFANT WELFARE CLINICS:

Merriott: This clinic is held in the village hall twice a month and is run by an active committee who are well supported. Dr. Dauncey attends each session.

Shepton Beauchamp: Dr. Cartwright is in charge of this clinic which is held once a month. Figures for 1961 show a slight decrease on the previous year.

Tatworth: Dr. Elliott is in charge of this clinic which is held monthly in the village hall. The attendance figures show an increase on the previous year.

Combe St. Nicholas: Dr. Reeves is in charge of this clinic which is held monthly. The attendance figures are slightly lower than in 1960.

Details of all clinics will be found in Appendix B, Table 1.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

POPULATION: A census was held in April of this year and the Registrar General was therefore able to compile an accurate total of the population which was 19,290, nearly 200 less than the estimated population for the previous year. The population density is 22 persons per acre.

BIRTH RATE: The corrected Birth Rate for 1961 was 17.5 per thousand, as compared with the national figure for England and Wales of 17.4. There were two illegitimate births.

DEATH RATE: The corrected Death Rate for the year was 11.49 per thousand of population and approximated to the national figure of 12.

Once again coronary disease and other heart diseases were the greatest killers, accounting for 50 out of a total of 152. Vascular lesions of the nervous system and other circulatory diseases caused another 30 deaths. Cancer of all forms also accounted for 30 deaths; five of these were due to lung cancer. There were 16 deaths from pneumonia and bronchitis which is an increase on the previous year. Full details are shown in Appendix A, Table 2.

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SOCIAL SERVICES: The social services remained unchanged in 1961.

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AMBULANCE CLINIC: Although no ambulance clinic was held in the Rural District except for mothers living in villages near Greenham and Chard attend the clinics held there. At these clinics blood samples are taken and submitted to the laboratory for investigation. Reports on these are sent to the General Practitioner concerned, the district midwife and to the mother herself. Both clinics encourage the mother to attend classes at which relaxation is taught, together with the mechanics of birth and rudimentary physiology. General practitioners carry out antenatal care within their own practices, some holding small clinics at which the district midwife also attends, others visit their patients independently.

DOMESTIC MIDWIFE: The district midwives attend all mothers in their homes and can always call on the district practitioner if their help is required.

HOSPITAL COMMITMENT: All cases needing admission to hospital for various medical and social reasons are admitted to maternity units in Taunton or Yeovil and occasionally Templecombe and Wellington.

INFANT WELFARE CLINIC:

MEETINGS: This clinic is held in the village hall twice a month and is run by an active committee who are well supported. Dr. Baumeys attends each session.

SHOPPING REVENUE: Dr. Gentry is in charge of this clinic which is held once a month. Figures for 1961 show a slight decrease on the previous year.

TALKING DR. ELIOTT: Dr. Elliott is in charge of this clinic which is held monthly in the village hall. The attendance figures show an increase on the previous year.

GRAND ST. MICHAEL: Dr. Reeves is in charge of this clinic which is held monthly. The attendance figures are slightly lower than in 1960.

<https://archive.org/details/b29097794>

The character of infant welfare clinics has changed considerably during recent years. Perhaps it would not be unprofitable to look at the changes which have occurred.

It is difficult to recall the infant of say, forty years ago. A puny little thing, with an old man's face, a woollen cap that gave an elfin look, a must smell about it, often tintured with the reek of camphorated oil and layer upon layer of garments, perhaps as many as ten or twelve. Or the somewhat older child, flabby, with pink eczematous cheeks, irregular decaying teeth, large tonsils and adenoids and a snuffly nose. Those children seem to have disappeared like an evil dream. Today they are sturdy, well nourished, excellently clothed and with their happy mothers present a wonderful picture. In the unhappy world in which we live the sight of such children is one of the few sources that there are for solid satisfaction.

The two great scourges of days gone by have virtually disappeared. In summer the grisly procession from cot to coffin went on through the terrible epidemics of summer diarrhoea. In winter it was not much better, for there was another procession of absolutely livid children dying of broncho-pneumonia.

At first the infant welfare clinic was a life giving institution. As time has passed the child has improved in health, in strength and in peace of mind. The mothers too have grown cleaner, happier, better looking and better educated. The health education given year after year in the clinics and elsewhere has borne fruit. Some of this change is also due to improved treatment, much more to greatly strengthened resistance.

Broncho-pneumonia is now but a shadow of its former self - it is occasionally seen in a mild form, more often the mother says the child has had it. Summer diarrhoea is almost a thing of the past. Such cases as do occur show mild symptoms and readily respond to treatment and make a rapid recovery.

Diseases due to shortage of vitamins have gone with them. Scurvy has gone, rickets is seldom seen, then only a mild form in those whose mothers have neglected to give them their cod liver oil. Dental decay is the only illness which lags behind. During the recent war it almost disappeared due to sweet rationing. Now it is back again.

There remain largely unaltered the defects and deformities. The hare lip, the squint, the congenital heart, all continue to occur.

It is therefore not surprising that the character of the infant welfare clinic has changed. Today the primary reason for a child's attendance at the clinic is often for some preventive procedure such as vaccination or immunisation. However, this brings to the clinic a much wider selection of children than was formerly the case. There is often just as much need for health education among the higher social classes and opportunity is taken during visits to carry on the good work among this group of mothers who might never have come to the clinic in former days.

HEALTH VISITING: Apart from a few parishes covered by the district nurse/health visitor, the greater part of the Rural District is covered by Mrs. Pitt. She attends all medical inspections and forms a valuable link between myself and parents whom she frequently visits at my request. She is also the tuberculosis health visitor and attends on the Chest Physician at his Outpatient clinics. I am pleased to say that this aspect of her work is declining.

HOME NURSING: Our district nurses carried out this work throughout the year and I was impressed by their high state of efficiency and the cheerful way in which they undertake this often arduous work.

IMMUNISATION: The need for immunisation continued to be stressed and practically all primary courses are now given with triple vaccine which protects against diphtheria, whooping cough and tetanus. The demand for immunisation against poliomyelitis declined but fourth doses were offered to schoolchildren in the 5 - 11 age group. Details can be found in Appendix B, Table 3.

VACCINATION: Seventy-eight primary and one re-vaccination were done in 1961. When it is remembered that there were 153 live births during the same period, the acceptance rate cannot be regarded as entirely satisfactory.

HOME HELP SERVICE: The Home Help Service is organised and administered by the County Council. It is an expanding service but is limited by the availability of suitable women to do the work. The Area Organisers in Taunton and Yeovil deal with all applications.

SCHOOL MEDICAL SERVICE: I visited all the County schools in the Rural District during the year and carried out a full medical inspection, details of which will be found in Appendix B, Table 2. It will be noted that Chillington and Donyatt have 100% acceptance rates for both school milk and school dinners. Misterton spoils an excellent acceptance rate for milk with the lowest figure of acceptance for school dinners. This seems remarkable to me.



Misterton Primary School has a self-contained canteen which usually means that an above average number of children stay to dinner. I would have thought that the parents in Misterton would have been astute enough to realise that they cannot provide as good a meal at home as the children receive at school at a comparable cost.

Our older children attend secondary modern schools in Crewkerne, Chard and Ilminster. During these inspections I talk to the children, particularly those leaving. I am interested in their future employment. When asked what they are going to do I never get an 'I don't know' answer from a grammar school leaver, but it is not infrequent in the secondary modern school. It is a most unfortunate situation for a child within a month or two of leaving school not to know what he or she will do and even not knowing what they want to do. The vast majority of the secondary modern girls seem to aspire to nothing more than one of three things, a factory, a shop or hairdressing. Occasionally a girl wants to nurse or join the Police force but these are exceptions. Boys show a little more imagination, but not much. I think that from the age of thirteen secondary modern school children should be interested in possible future employment. Nothing can be more frustrating than to be in a job in which one is not interested and which leads nowhere. This discontent is often manifested in delinquency.

Another topic I often discuss with leavers is smoking. Having read so much about children at the age of eleven being confirmed smokers I am naturally interested to find out how many of our children are smoking regularly by the time they leave school. My impression is that in rural areas anyway, not a large number of children smoke regularly and quite a high percentage don't smoke at all. On questioning the smoker it often emerges that the parents smoke and even if they don't give the child cigarettes they are readily available. Children whose parents don't smoke are frequently the non-smokers. Parents don't seem to realise the importance of example. It is practically useless for a father to lecture his child on the evils of smoking and chain smoke himself. There is a world of difference between the father who gives his son a shilling to go to a football match and the one who takes the boy to the match. Parents can't expect their children to be interested in the classics or go to museums if they themselves never do either. I would therefore appeal to parents who are heavy cigarette smokers to change their smoking habits. Their example is vital if we are to stop the depressing increase in lung cancer continuing on into another generation.

**SPEECH THERAPY:** Mrs. Baker (nee Kenyon) continued to hold weekly clinics on Friday at both Chard and Crewkerne. She is now seeing children at a slightly younger age than formerly.

**SCHOOL DENTAL SERVICE:** Reference to Appendix B, Table 2 shows the dates on which our primary schools were last inspected. It will be seen that the schools in Hinton St. George, Misterton and Wambrook have not received an inspection since 1958.

**ORTHOPAEDIC SERVICE:** Clinics were held monthly at Chard and Crewkerne where all cases were seen by the Orthopaedic Sister. At regular intervals they are seen by the Orthopaedic Surgeon at his hospital outpatients in Taunton and Yeovil. The service worked satisfactorily.

**OPHTHALMIC SERVICE:** I carry out routine eye testing in the schools during the annual medical inspection. This includes simple refraction and inspection of glasses and checking to see that the County Oculist's instructions are being carried out. Children are referred to opticians of the County Oculist, as necessary.

**EPILEPTICS:** The term epilepsy has come to include a group of conditions in which there exists a persistent liability to periodic seizures. It may be possible to find the cause or there may be no demonstrable organic brain lesion. It has been estimated that 70% of cases occur before the age of twenty and 85% before the age of twenty-five. It is therefore a disease which manifests itself in the young. From the point of view of prevention of serious disability early and accurate diagnosis is very important.

Among schoolchildren this distressing illness calls for special consideration and careful handling. In most cases the general practitioner will be the first person to whom the child is taken. Practically all cases benefit from specialist opinion. Modern therapeutic treatment is now so successful as to allow children to continue to attend the ordinary school. These are the lines on which we base the handling of epileptic children in our schools. I, as school medical officer, receive a copy of all specialist reports. I see the children at each inspection and I report on their suitability for employment when they are ready to leave. They are encouraged to live as normal a life as possible consistent with their disability.

**SPASTICS:** Drugs are of little value except in controlling fits but in the absence of gross mental deficiency much may often be accomplished by assiduous training. The services offered in the area follow these lines. In infancy physiotherapy to prevent contractures and later active movements are encouraged. Surgical intervention is used in



those cases when the child's intelligence will enable him to benefit from such treatment. The educational side is not forgotten. If possible the child attends the ordinary school; in other cases home tuition or attendance at a special school is arranged.

**BLIND PERSONS:** The Somerset Association for the Blind carry out the general work on behalf of and with a grant from the County Council. This arrangement works very well in practice. There are twelve registered blind persons resident in the area. Prior to admission to the Register, a blind person is examined by a medical practitioner with special experience in ophthalmology. Little delay is experienced in having persons known to be blind admitted to the Register.

**AMBULANCE SERVICE:** The County Council provide this service and operate a fleet of radio-controlled ambulances which are extremely well equipped. The Rural District was given satisfactory cover throughout 1961.

**MENTAL HEALTH SERVICES:** These services are administered by the County Council through the Mental Health Sub-Committee. This is an expanding department of the County Council and is assuming more importance each year.

**NATIONAL ASSISTANCE ACT:** Normally one can persuade persons in need of care or hospital treatment to go in as voluntary patients. Occasionally I am forced to use my statutory powers and remove patients from their homes. I am always reluctant to do this because I know that frequently they find themselves in an environment in which there are a whole series of infectious conditions against which they have little or no resistance. An example of this occurred in September when I compulsorily removed an old gentleman to hospital and he died there within three days. It is most unlikely that he would have passed away so soon at home and after such an experience I always wonder whether any good has been achieved.

**CARE OF THE AGED:** The problem of the ageing population is increasing each year. In 1250 the expectation of life was 35 years. Three hundred years later it was down to 30 years. In 1750 it was back to 35, by 1900 it had increased to 44 years. In 1940 it was 59, now it is 71. In twelve years the expectation of life has increased by 12 years. There are about five and a half million persons aged 65 years or more, a ninth of the population of England and Wales.

It is generally agreed that most old people want to, and should be encouraged to retain their independence for as long as possible but this means some will be forced to make increasing demands for assistance. General practitioners have to bear a continual responsibility with increasingly high consultation rate. Local authorities find a similarly higher demand for their domiciliary services.

The general practitioner readily deals with common problems of age, the failing sight and hearing, the defective teeth. However, the main problem is increasing infirmity. Here the local health authority can and does give a great deal of help. The care of old people to be successful, must be regarded as a co-operative exercise with the general practitioner as the leading member of a team.

All the normal services are available in the Rural District for the ageing population. The Government are now encouraging local authorities to support voluntary organisations which are doing work in this field.

**DISABLED PERSONS:** The Welfare Branch of the British Red Cross Society continued to run their Good Fellowship Clubs in Crewkerne, Chard and Ilminster and the attendances were good.

**HEALTH EDUCATION:** The Council continued to support the Central Council for Health Education and made use of their posters and leaflets. They also used publicity material supplied by the Ministry of Health.

I and the district nurses continued to speak to various organisations on request. Subjects covered a reasonably wide range of all aspects of health.

## SECTION C.

### PREVENTION AND CONTROL OVER INFECTIOUS DISEASES AND OTHER DISEASES.

Appendix C, Table 1 shows in detail the diseases notified in 1961. Apart from a few cases of measles there was little notifiable disease.

The immunisation campaign against diphtheria continued but fewer persons applied for poliomyelitis vaccination but the opportunity was taken to offer children in the 5 - 11 years age group a fourth reinforcing injection and 911 were done.

The vaccination programme against tuberculosis was carried out in the senior schools in February and received fair support.



The Mass Radiography Unit made a short visit to South Somerset in October and five villages were visited. Details are shown in Appendix C, Table 2. It will be seen that there were no cases of active tuberculosis discovered but a few abnormalities came to light and these cases were referred to the private practitioner concerned.

#### SECTION D.

##### ENVIRONMENTAL HEALTH SERVICES.

###### A. SANITARY CIRCUMSTANCES.

Climatic Conditions: The total rainfall for 1961 was about 37 inches, twenty inches less than for the previous year and the average over the last ten years was 41 inches.

Water Supply: The water supply was quite satisfactory in quality throughout the year. No shortage was experienced at any time. In fact, we were able to augment the supplies of Chard Borough, the Urban Districts of Crewkerne and Ilminster and the Rural District of Langport.

In my report for 1953 I referred to the possible prevention of dental caries if the existing fluoride content of the water were brought up to an optimum figure. Since then field studies have been carried out in England and the results are now known. These confirm the experience of other countries, notably America and New Zealand. The figures show that the use of adequately fluoridated water has decreased the amount of dental decay in young children to a very gratifying extent. The Standing Dental Advisory Committee for England and Wales have expressed satisfaction with the way the trials were conducted and agree with the findings. They advise action to promote the general adoption of fluoridation of all public water supplies where the existing fluoride content is deficient. Let us hope the Government will soon take steps to implement this advice.

Sewage Disposal: The number of parishes with main drainage and sewage disposal remained unchanged but considerable headway was made in preparation of schemes in the following parishes:-

1. Hinton St. George, Lopen and Seavington - approximate cost £72,000.  
Work on this scheme is well ahead of schedule and should be completed by August, 1962.
2. Broadway and Horton - approximate cost £50,000.  
Work on this scheme commenced in December, 1961 and is scheduled for completion in March, 1963.
3. Donyatt - approximate cost £15,000.  
In May the Ministry of Housing and Local Government held an Enquiry to consider the Council's proposal to provide a sewer and sewage disposal system for this parish. It was subsequently approved and work scheduled to commence early in 1962.
4. Tatworth. The Ministry have approved work to improve these disposal works at a cost of approximately £16,000.
5. Merriott. A scheme for the improvement of these works at an approximate cost of £14,000 is in course of preparation.
6. Misterton. A scheme for the improvement of these works is in the course of preparation. The cost is estimated at approximately £6,500.
7. Dowlish Wake. A scheme of sewerage and sewage disposal is in the course of preparation. The estimated cost will be about £15,000.
8. Ilton. It is hoped to connect Cad Road and Frost to the existing sewerage system and a scheme is being prepared.
9. Stocklinch. A scheme for sewerage and sewage disposal is to be prepared in the foreseeable future.
10. Ashill. Again it is hoped to be able to implement a scheme in this parish in the not too distant future.

When completed this work will probably cost some £200,000 but when all mains services are available in an area it immediately attracts people who wish to develop housing sites and this should eventually lead to an increase in revenue, subject, of course, to people being able to obtain planning permission with reasonable speed.



Public Cleansing and Refuse Collection: We continued to collect refuse by direct labour in all parishes. The villages are served twice per month but a four-weekly collection is all that is possible in remote areas. Trade waste is removed and a charge is made for this service. Cess pools are emptied at a subsidised charge of 23/6d. per load.

Rodent Destruction: One whole-time rodent operator is employed. He carries out routine inspections on all Council property. The Council offer a contract service in the Rural District and it has worked very well during the year. The number of farm contracts are increasing. There were no severe infestations reported during 1961.

Nuisances: The Public Health Inspectors investigated all complaints of nuisance and took statutory action where necessary. Formal approval of the Council was obtained on each occasion.

Once again considerable trouble was experienced from the Dowlish Ford refuse tip operated by the Ilminster Urban District Council. A deputation from this Council inspected the site with members of the Ilminster Council and proposals were agreed to bring it under proper control. After many vicissitudes the scheme was at last put into operation and has worked satisfactorily since.

Once again the Public Health Committee were concerned about the fouling of land adjacent to laybys in the district. Undoubtedly this is a potential danger to cattle, quite apart from the problem of broken glass, tins, etc. It seems to me that farmers would be well advised to remove all hedges for a considerable distance from laybys and substitute rail fencing. Successive Governments seem to take little or no interest in the continuous fouling of the countryside with human excreta. In previous reports I have referred to the unsatisfactory sanitation of trains. It seems to be quite illogical for legislation to lay down standards for farmers employing farm workers and at the same time to allow the trains to project excreta at considerable velocity right through the same land.

Radiation: During the year there have been several enquiries on various aspects of Radiation and its general effect on our environment. Most of these queries are sensible and rightly addressed to this department. Quite apart from the spate of questions which always follow weapon testing, there are an increasing number of problems attendant on the use of radioactive substances and these are the subject of speculation by our residents. People should be interested in the effects of the use of radioactive substances, they are going to be with us from now on, and they and their uses are going to affect our everyday lives. This is not a matter for alarm and despondency; we must learn to live with them.

Exposure to ionising radiations and radioactive substances may be incidental or occupational. I suggest that we group them roughly:

- (i) Personal public exposure:
  - (a) Miscellaneous e.g. T.V. Tubes;  
Luminous Watches;  
Shoe Fitting Fluoroscopes;  
High Altitude Flying;  
Nuclear Test Bomb Fall-out.
  - (b) Special e.g. Medical Diagnostic Radiology;  
Radiotherapy.
  - (c) Occupational e.g. Nuclear Power and Weapon Activities;  
Use of Isotopes in industry, agriculture,  
medicine.  
Industrial Testing (thickness gauges,  
leak testing);  
Mining of Radioactive Ores.
- (ii) General public exposure: Environmental hazard to plants and  
animals;  
To life cycles.  
  
These may arise from Nuclear Test Explosions;  
Radioactive Waste Disposal;  
Nuclear Reactor Accidents;  
Processing of irradiated nuclear  
fuel elements.



In this long list of hazards some such as those of T.V. tubes and high altitude flying are so small that under present conditions they can be ignored. Others are greater but are being increasingly well controlled. These include shoe fitting fluoroscopes and many occupational hazards such as industrial testing with X-rays and isotopes. Some hazards suspected not to be negligible have not yet been assessed due to present lack of fundamental knowledge. These include the environmental risks and research workers are actively working on these problems.

In areas like our own where little use is as yet made of radioactive substances in industry one problem which could present a hazard difficult to forecast is accident during transport of radioactive substances. As more electricity is generated by fission power there will be an increase in the transport of highly radioactive spent fuel elements to specified centres for processing. Presumably railways will be mainly used. Regulations have been drawn up to cover the transport of radioactive substances by rail, road, post, sea and air.

It can be seen that the dangers are by no means of theoretical interest but are of increasing practical importance. The disposal of radioactive waste is the greatest, the processing of irradiated fuel elements being of prime importance.

Since the end of the War the International Commission on Radiological Protection has been working continuously on the fundamental scientific basis of the problems. New information is coming forward all the time necessitating frequent revision of the standards which the I.C.R.P. has from time to time introduced.

There has been criticism of the time which urgent legislation is taking to appear. This is understandable. There are three main reasons for the delay. First, as already stated, the I.C.R.P. is continually having to revise its standards in the light of new information and this leads to redrafting of regulations. Secondly the complex nature of the legislation itself. Thirdly the number of persons qualified to do the work is severely limited. However, there are, or will be, in the next year or so, six Acts on the Statute Book dealing with nuclear energy and related matters, including radiation protection.

As a local authority we are not concerned with occupational, but with incidental and environmental radiation hazards. This is the point at which we are least well protected by experience, a situation which suggests that there can be no such thing as too much vigilance. The essence of sound radiation hygiene is to be wise before the event because the effects of radiation are irreversible.

In the Radioactive Substances Act, 1960, the Government has established a Centralised Control in radiation protection. The reasons for this are many. The main ones are a need for unified standards, economy in equipment, expenditure and trained manpower. The present scarcity of adequately trained specialists in radiation protection would make it impossible to operate an efficient control over radioactive hazard on a decentralised basis. Local authorities will be consulted and used under the 1960 Act but they cannot under that framework, act as an independent assessor of radiation risk. Under the Act local authorities will receive detailed information concerning local radiation activities and modes of radioactive waste disposal. In order to use this information public health inspectors will need to be trained in the basic essentials of radioactivity and radiation hazard so that they are able to assess the potential nuisance or injury likely to arise from a given source. Given the appropriate training there is no reason why a local authority faced with a potential radiation hazard should not equip itself for the simpler sorts of radiation detection but certain sorts of measurement are, and will remain, beyond the competence of the average local authority. Such matters as the precise determination of very small quantities of radioactivity, or its exact measurement in a living person involve complex techniques and much skill. They quite rightly will be the concern of the Radiological Protection Service.

And now a word about the levels of radioactivity in the area in 1961 following the resumption of nuclear weapon testing.

The Government policy of monitoring fall-out from nuclear weapon tests involves the annual collection of several thousand samples of milk, green vegetables, water, and other components of the diet. Special attention is paid to areas of high rainfall where deposition of fall-out tends to be the greatest. The monitoring is undertaken by the Agricultural Research Council and the levels for 1960 have been published. The results showed that the levels of Strontium 90 in milk in the area which included Somerset, were amongst the lowest in the country, being 5.39 micro microcuries of Strontium 90 per gram of calcium, compared with the national average of 6.40 micro-microcuries of Strontium 90 per gram of calcium.

These levels are far below those which would give rise to levels in bone approaching those considered by the Medical Research Council as requiring immediate consideration.



Measurements for Strontium and caesium in drinking water have been made since 1957. The sources tested are representative of the three major types of supply; underground, river and reservoir and have been selected with a view to covering different parts of the country and as large a proportion of the population as possible. The latest report of these measurements was issued in June. The average person is estimated to derive from drinking water only about 5% of the total Strontium 90 he ingests and the Medical Research Council have stated that there appeared to be little need to give detailed consideration to this source of ingested Strontium 90. Measurements are continuing.

A check has been kept on the levels of iodine 131 in milk throughout the United Kingdom since weapon trials were resumed. The Medical Research Council have stated that the acceptable radiation dose would not be exceeded for infants under one year of age, the most susceptible group of the population, unless the average concentration of iodine 131 in milk rose above 130 micro-microcuries per litre over a period of one year, or higher concentrations were maintained for correspondingly shorter times. The latest results published showed that even in the regions where the highest levels have been observed, the level quoted above would not be reached unless the levels then present were maintained for a further six or seven months or were substantially increased.

It is not expected that iodine 131 in public water supplies will present a cause for anxiety and the preliminary measurements which have been made under a supplementary monitoring programme so far support this view.

#### B. FACTORIES ACT.

Details of the inspections carried out by the Public Health Inspectors are shown in Appendix B, Table 2.

#### C. HOUSING.

Appendix D, Table 3 gives details of the housing situation in the district. This is a very comprehensive table which gives much interesting information. It will be seen that there were 228 applicants for Council housing and another 55 old people applying for special housing at the end of the year. At the moment the rate of private building is exceeding that of local authority building. The application list for old people's dwellings increases every year and is likely to continue to do so. I think the Council would be well advised to step up their rate of building of this particular type of housing so that the demand can be met at least in part.

#### D. INSPECTION AND SUPERVISION OF FOOD.

Milk: There are two registered distributors and two registered dairy premises in the area. Sampling was carried out regularly by the County Health Department.

Ice Cream: The number of premises registered for the sale of ice cream increases every year and it is now 58. There are no manufacturers and all sell pre-packed products.

Meat: Of the six private slaughter houses remaining in the area, five had been brought up to the required standard by the end of the year. The public health staff inspected a fair proportion of the animals killed, the percentage being higher in the slaughterhouses located near the offices but as low as 25% at a large distant abattoir.

Food Premises: Inspections were carried out at various food premises and the co-operation of owners was sought on all occasions.

One premises was found to be completely unsatisfactory in late December and the Council decided to take formal proceedings against the owner.

There are 58 premises registered under Section 16 of the Food and Drugs Act.



APPENDIX A TABLE 1

Registrar General's estimate of Population mid 1961 .....	12,290
No. of inhabited houses at the end of 1961 according to the Rate Book ...	4,171
Rateable Value .....	£92,817
Sum represented by a penny rate .....	£367.2s.1d.
Area .....	54,600 acres.

APPENDIX A TABLE 2

BIRTH RATE 13.3 Comparability Factor 1.07

		M	F
Live Births	Total	88	65
	Legitimate	86	60
	Illegitimate	2	5
Still Births	Total	-	3
	Legitimate	-	3
	Illegitimate	-	-
Deaths of Infants under 1 year	Total	-	2
	Legitimate	-	2
	Illegitimate	-	-
Deaths of Infants under 4 weeks	Total	-	2
	Legitimate	-	2
	Illegitimate	-	-
Deaths of Infants under 1 week	Total	-	1
	Legitimate	-	1
	Illegitimate	-	-

APPENDIX A TABLE 3

DEATH RATE 11.49 Comparability Factor 0.93

		M	F	Total
Heart:	Coronary Disease	15	5	20
	Other Heart Disease	20	12	32
Circulation:	Vascular Lesions of nervous system	10	17	27
	Other circulatory diseases	1	2	3
Cancer of:	Stomach	1	2	3
	Lung	4	1	5
	Uterus	-	2	2
	Breast	-	-	-
	Other sites	11	9	20
Lungs:	Tuberculosis	-	-	-
	Influenza	-	-	-
	Pneumonia	3	4	7
	Bronchitis	8	1	9
	Other respiratory diseases	-	-	-
Leukaemia		1	-	1
Infective & Parasitic diseases		-	2	2
Diabetes		-	1	1
Gastritis		2	1	3
Duodenal ulcer		-	-	-
Nephritis		-	2	2
Hyperplasia of prostate		4	-	4
Congenital malformations		-	-	-
Other ill-defined diseases		3	7	10
Motor vehicle accidents		-	-	-
All other accidents		-	-	-
Suicide		1	-	1
		<hr/>	<hr/>	<hr/>
		84	68	152



APPENDIX B TABLE 1

Combe St. Nicholas Child Welfare Clinic

Statistics for the twelve months ended  
31st December, 1961.

1.	No. of sessions	.....	.....	.....	12
2.	No. of children who attended in 1961				
	(a) Born in 1961	.....	.....	.....	6
	(b) Born in 1960	.....	.....	.....	4
	(c) Born 1956 - 59	.....	.....	.....	13
3.	No. of attendances during the year by children who at date of attendance were				
	(a) Under 1	.....	.....	.....	53
	(b) 1 - 2 years	.....	.....	.....	46
	(c) 2 - 5 years	.....	.....	.....	19



APPENDIX B TABLE 1

Merriott Child Welfare Clinic

Statistics for the twelve months ended  
31st December, 1961.

1.	No. Of sessions	.....	.....	.....	24
2.	No. of children who attended in 1961				
	(a) Born in 1961	.....	.....	.....	28
	(b) Born in 1960	.....	.....	.....	21
	(c) Born 1956 - 59	.....	.....	.....	29
3.	No. of attendances during the year by children who at date of attendance were				
	(a) Under 1	.....	.....	.....	194
	(b) 1 - 2 years	.....	.....	.....	194
	(c) 2 - 5 years	.....	.....	.....	62



APPENDIX B TABLE 1

Tatworth Child Welfare Clinic

Statistics for the twelve months ended  
31st December, 1961.

1.	No. of sessions	.....	.....	.....	12
2.	No. of children who attended in 1961				
	(a) Born in 1961	.....	.....	.....	22
	(b) Born in 1960	.....	.....	.....	21
	(c) Born 1956 - 59	.....	.....	.....	20
3.	No. of attendances during the year by children who at date of attendance were				
	(a) Under 1	.....	.....	.....	170
	(b) 1 - 2 years	.....	.....	.....	42
	(c) 2 - 5 years	.....	.....	.....	75



APPENDIX B TABLE 1

SHEPTON BEAUCHAMP CHILD WELFARE CLINIC

Statistics for the twelve months ended  
31st December, 1961.

1.	No of sessions	.....	.....	.....	12
2.	No. of children who attended in 1961				
	(a) Born in 1961	.....	.....	.....	13
	(b) Born in 1960	.....	.....	.....	11
	(c) Born 1956 - 59	.....	.....	.....	38
3.	No. of attendances during the year by children who at date of attendance were				
	(a) under 1	.....	.....	.....	110
	(b) 1 - 2 years	.....	.....	.....	72
	(c) 2 - 5 years	.....	.....	.....	114



APPENDIX B TABLE 2

<u>Name of School.</u>	<u>No. on Roll</u>	<u>No. in-pected</u>	<u>Date of Inspection</u>	<u>Children having milk</u>	<u>Children having dinner</u>	<u>Diphtheria Immuni-sation</u>	<u>Date of last dental Inspection</u>
Ashill	22	17	19.10.61	94.45%	81.81%	7	20.4.59
Broadway	49	27	27.11.61	91.83%	81.63%	7	22.11.60
Buckland St. Mary	31	17	22.11.61	100%	83.68%	6	Oct. 1961
Chillington	24	8	13.9.61	100%	100%	8	9.3.59
Combe St. Nicholas	47	19	30.11.61	97.74%	53.19%	3	24.9.61
Donyatt	22	10	8.11.61	100%	100%	5	April 1959
Hinton St. George	62	34	14.9.61	88.70%	46.77%	7	1.7.58
Horton	55	26	29.11.61	89.09%	61.27%	14	9.11.60
Ilton	73	33	15.11.61	94.52%	54.79%	12	14.5.59
Merriott	101	51	26.1.61	79.20%	33.66%	13	July 1959
Misterton	47	19	19.1.61	100%	25.53%	6	17.7.58
Seavington	22	17	17.11.61	95.45%	68.19%	5	18.3.59
Shepton Beauchamp	27	11	21.11.61	92.59%	55.55%	2	14.4.59
Tatworth	101	44	26.10.61	94.06%	35.64%	1	20.6.61
Wambrook	14	5	13.9.61	100%	85.70%	1	15.9.58
West Crewkerne	41	21	6.12.61	97.34%	87.80%	3	2.5.60
Whitestaunton	23	17	2.11.61	100%	73.91%	3	25.9.61
Winsham	55	28	9.11.61	100%	76.36%	3	20.6.61



APPENDIX B TABLE 3

Diphtheria and Whooping Cough Immunisation

Children born in the years:-								TOTAL
	1961	1960	1959	1958	1957	1952 - 56	1947 - 51	
Primary course	54	84	8	10	5	18	3	179
Reinforcing injections (Diphtheria only) -	-	-	-	-	-	129	7	136

Poliomyelitis Vaccination

	Children born 1943-61	Young Persons born 1933-42	Persons under 40 yrs. of age.	Persons over 40 yrs. in Priority Groups	
Primary Course	196	42	154	14	
No. of persons (all groups) who received a third (re-inforcing) injection .....					392
No. of children in 5 - 11 age group who received a fourth re-inforcing injection					911

Smallpox Vaccination

	Under 1 yr.	1 yr.	2 - 4	5 - 14	15 or over	Total
Primary	71	4	-	-	3	78
Re-Vaccination	1	-	-	-	-	1



APPENDIX C    TABLE 1

Infectious and Other Notifiable Diseases

Influenzal Pneumonia .....	1
Whooping Cough .....	3
Measles .....	98
Food Poisoning .....	1

Analysis of Cases Notified

	Under 1 yr.	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65+	Age Unknown
Pneumonia							1						
Whooping Cough			1				2						
Measles	1	4	10	8	4	60	10	1					
Food Poisoning					1								

Tuberculosis

Age Group	<u>New Cases</u>				<u>Deaths</u>			
	<u>Respiratory</u>		<u>Non-Respiratory</u>		<u>Respiratory</u>		<u>Non-Respiratory</u>	
	M	F	M	F	M	F	M	F
- 1								
1 - 5								
5 - 15	1							
15 - 25								
25 - 35		1						
35 - 45								
45 - 55								
55 - 65								
65 +								
Age Unknown								
Total	1	1	-	-	-	-	-	-



APPENDIX C.. TABLE 2.  
MASS RADIOGRAPHY SURVEY.

		<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
<u>The Post Office, Hinton St. George:</u>				
17/10/61	Number X-Rayed ...	37	40	77
	Chest abnormalities detected	1	-	1
	<u>Analysis</u>			
	Healed Tuberculosis ...	1	-	1
		<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
<u>Hitchen Road, Merriott:</u>				
19/20.10.61	Number X-Rayed ...	101	140	241
	Chest abnormalities detected	1	-	1
	<u>Analysis</u>			
	Bronchitis and Emphysema	1	-	1
		<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
<u>The Memorial Hall, Tatworth:</u>				
24/10/61	Number X-Rayed ...	65	82	147
	Chest abnormalities detected	1	2	3
	<u>Analysis</u>			
	Bacterial & virus infection of the lungs	1	-	1
	Congestive change	-	1	1
	Hilar Adenitis	-;	1	1
		<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
<u>The Village Green, Combe St. Nicholas:</u>				
25/10/61	Number X-Rayed ...	44	55	99
	Chest abnormalities detected	-	1	1
	<u>Analysis</u>			
	Healed Tuberculosis ...	-	1	1
		<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
<u>The Village Hall, Shepton Beauchamp:</u>				
26/10/61	Number X-Rayed ...	52	66	118
	Chest abnormalities detected	2	1	3
	<u>Analysis</u>			
	Acquired Cardiac Lesion ...	-	1	1
	Bronchitis ...	1	-	1
	Farmers Lung ...	1	-	1



APPENDIX D. TABLE 1.

WATER SUPPLIES.

Piped Supplies - results of samples taken for Analysis.

<u>Raw Water.</u>				<u>Treated after going into Supply.</u>			
<u>Bacteriological.</u>		<u>Chemical.</u>		<u>Bacteriological.</u>		<u>Chemical.</u>	
<u>Satis-</u> <u>factory.</u>	<u>Unsatis-</u> <u>factory.</u>	<u>Satis-</u> <u>factory.</u>	<u>Unsatis-</u> <u>factory.</u>	<u>Satis-</u> <u>factory.</u>	<u>Unsatis-</u> <u>factory.</u>	<u>Satis-</u> <u>factory.</u>	<u>Unsatis-</u> <u>factory.</u>
15	4	3	-	26	-	1	-

Water supplies from Public Mains.

<u>Direct to the Houses.</u>			<u>By means of Standpipes.</u>		
<u>Public.</u>	<u>Water</u> <u>Companies.</u>	<u>Private.</u>	<u>Public.</u>	<u>Water</u> <u>Companies.</u>	<u>Private.</u>
No. dwellings			NO RECORD.		
Population					

APPENDIX D. TABLE 2.

FACTORIES ACTS, 1937 - 1959.

	<u>No. on</u> <u>Register.</u>	<u>No. of</u> <u>Inspections.</u>	<u>No. of</u> <u>written</u> <u>notices.</u>	<u>No. of</u> <u>occupiers</u> <u>prosecuted.</u>
(i) Factories in which Sections 1,2,3,4 and 6 enforced by Local Authority	8	10	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	24	*400	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	-	-	-	-
<u>Total</u>	32	410	-	-

\*including slaughterhouses.

Cases in which defects were found	...	...	Nil
Cases in which defects found were remedied	...	...	Nil

OUTWORKERS.

No. of outworkers in August list required by Section 110	...	...	154
--	-----	-----	-----



APPENDIX D. TABLE 3.

HOUSING.

Action taken during year:

1. No. of houses included in Clearance Areas for which Orders are still to be made	...	...	None
2. No. of houses in Clearance Areas which have been patched for temporary accommodation under Section 48 of the Housing Act, 1957	...	...	None
3. No. of houses closed or demolished under Section 42 of the Housing Act, 1957 (Clearance Areas)	...	...	None
4. No. of houses demolished or closed (a) under Section 17 of the Housing Act, 1957 (individual unfits)	...	...	15
(b) for other purposes, road improvements etc.)	...	...	None
5. No. of temporary dwellings (huts, etc.) demolished	...	...	None
6. No. of houses declared unfit under Section 9 of the Housing Act, 1957 (capable of repair)	...	...	None
7. No. of houses made fit during year	...	...	5
8. No. of unfit houses occupied under licence	...	...	1
9. Rent Act, 1957 (1st Schedule)			
Certificates of Disrepair:-			
(a) No. of applications received	...	...	1
(b) No. of Certificates issued	...	...	

	<u>Houses erected during year</u>		<u>Houses in course of erection</u>		<u>Gained from conversion of large houses or buildings into flats or dwellings.</u>	<u>Lost from conversion of two or more houses to one.</u>
	<u>For Slum Clearance.</u>	<u>For other purposes.</u>	<u>For Slum Clearance.</u>	<u>For other purposes.</u>		
Local Authority	Nil	28	2	5	Nil	Nil
Private Enterprise	Nil	36	Nil	37	7	1

No. of Post-War houses erected from 1st April, 1945 to 31st December, 1961.

Housing Programme for 1962.

By Local Authority.	By Private Enterprise.	For Slum Clearance.	For other purposes.
522	290	Nil	21

(a) No. of temporary housing units occupied	(i) Prefabs.	...	30
	(ii) Huts, etc.	...	Nil
(b) No. of houses found overcrowded	...	...	Nil

Houses required:

(i) To replace houses scheduled for demolition	...	6
(ii) To abate overcrowding	...	Nil
(iii) For other purposes	...	Nil
(iv) (a) Total no. of applications for Council houses at the end of year	...	228
(b) If applications classified give no. of - urgent bona fide cases	...	Nil
- others	...	Nil
(v) Total no. of Council houses sold during the year	...	Nil



		No. of permanent dwellings in District as at 31/12/1960. (a)	Gained from conversions and erected during 1961. (b)	Total a + b	Less houses demolished, closed, etc. during year.	No. of permanent dwellings in District as at 31/12/1961. L.A.      P.E.
L.A.	...	751	28	779	Nil	779      3448
P.E.	...	3420	43	3463	15	
Totals		4171	71	4242	15	

OLD PEOPLE'S DWELLINGS.

Number erected to 31/12/1961.		No. in course of erection		Number of Applicants for Old People's Dwellings.
With County Council Aid.	Without County Council Aid.	With County Council Aid.	Without County Council Aid.	
53	35	Nil	Nil	55

IMPROVEMENT GRANTS.

A. DISCRETIONARY:

No. of applications and houses dealt with by Local Authority during year:

<u>Received.</u>		<u>Approved.</u>	
Applications.	No. of Dwellings.	Applications.	No. of Dwellings
9	10	9	10

No. of applications approved in respect of owner/occupiers during year	4
Average cost per dwelling approved during year	...      £836
Amount of grant payable by Local Authority	...      £3,310

B. STANDARD:

No. of applications	(a) Received	...	45
	(b) Approved	...	45
No. of houses where standard amenities have been provided			27



APPENDIX D. TABLE 4.

MEAT INSPECTION.

	<u>Cattle</u> <u>including cows.</u>	<u>Calves.</u>	<u>Sheep &amp;</u> <u>Lambs.</u>	<u>Pigs.</u>	<u>Horses.</u>
No. killed (if known)					
No. inspected	818	299	4220	1241	-
<u>All diseases except Tuberculosis</u> <u>and Cysticerci</u>					
Whole carcasses condemned	33	7	6	10	-
Carcasses of which some part or organ was condemned	48	1	124	25	-
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	9.9	2.6	3.08	2.8	-
<u>Tuberculosis only</u>					
Whole carcasses condemned	-	-	-	-	-
Carcasses of which some part or organ was condemned	2	-	-	-20	-
Percentage of the number inspected affected with tuberculosis	124	-	-	1.6	-
<u>Cysticercosis</u>					
Carcasses of which some part or organ was condemned	-	-	-	-	-
Carcasses submitted to treatment by refrigeration	20	-	-	-	-
Generalised and totally condemned	-	-	-	-	-
Weight of meat condemned (in lbs.) for:-					
(a) Tuberculosis	-	-	-	-	-
(b) Cysticercosis	-	-	-	-	-
(c) Other	2193	-	30	125	-
Total (in lbs.) condemned	2193	-	30	125	-

